# Crisis Stabilization Services

Crisis Observations Stabilization (COS) and Crisis Residential Stabilization (CSS) Services

FY25 Treatment and Recovery Grant

Quarter Program Report

**To:** DOH Finance & Management Services Grants & Contracts Section

**Attention:**

**Agency:**

**Grant Number:**

**Form submitted by:**

**Date:** Submitted on  **Quarter:** Select quarter reported

**Instructions:**

Step 1: Complete the Cumulative Financial Report (CFR) in GEMS. If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.

Step 2: Complete the Crisis Stabilization Services Quarter Program reporting questions below. *Please provide a complete response to each question. The response should provide a detailed description for the specific grant funded program versus a broad overview of the organization. Each response should be relevant to this quarter and not contain information already provided in past quarterly reports, unless providing a status update.*

Step 3: Submit and upload this the Crisis Stabilization Services Quarter Program Report into GEMS.

 *\*Including any relevant attachments*

# Crisis Stabilization Services (COS and CSS) Quarter Program Reporting Questions:

*In the narrative sections provide an overview of the quarter activities undertaken by the grant funded program this quarter. Highlighting any challenges or barriers encountered during this period. As well as including impacts of any obstacles on the program and the proactive measures taken to address them.*

1. Describe any challenges/ barriers encountered for the **Crisis Observation and Stabilization Services** (COS) program funded through this grant this quarter:

*\*Include how the program has been (or will be) impacted and any actions taken to address the barriers/challenges.*

1. Accomplishments for this quarter achieved by the **Crisis Observation and Stabilization Services** (COS) program funded through this grant:
2. Are there any grant concerns, technical assistance, requests or training needs? Select one

If yes, please list and include contact information to arrange for technical assistance:

1. Have there been any audits, accreditation reviews, or site visits during this quarter or will be occurring next quarter? Select one

If yes, were there any substantial findings, or anticipated dates:

## **Performance Measures:** 23-hour Crisis Observation and Stabilization (COS) Services

1. COS Average First Responder drop-off time: number of minutes

*The average time (in minutes) of First Responder dropping off individuals; time starts when first responder arrives and stops when they leave*.

1. COS population served **by Referral source**: *(total percentage)*

COS **Self** Referrals: percentage

COS **First Responded** Referrals: percentage

COS **Mobile Crisis Team** Referrals: percentage

COS **Emergency Room** Referrals: percentage

COS **Community Behavioral Health Provider** Referrals: percentage

COS **Community Substance Misuse Provider** Referrals: percentage

COS **Shelter** Referrals: percentage

COS **Family/Friend** Referrals: percentage

COS **Other** Referrals: percentage

 Please specify: description

1. COS population served by **Voluntary and Involuntary status**: *(total percentage)*

**Voluntary** COS participants: percentage

**Involuntary** COS participants: percentage

**Not applicable** COS participants: percentage

1. COS population served by **Insurance type** per participant: *(total percentage)*

**Medicaid** COS participants: percentage

**Private Insurance** COS participants: percentage

**No Insurance** COS participants: percentage

**Unknown Insurance** COS participants: percentage

**Other** COS participants: percentage

Please specify “other” COS participants: please specify

1. COS population served by **Discharge Disposition**: *(total percentage)*

COS participants discharge disposition **Home/community - No follow up care**: percentage

COS participants discharge disposition **Inpatient hospitalization**: percentage

COS participants discharge disposition **Emergency Room**: percentage

COS participants discharge disposition **Detox facility**: percentage

COS participants discharge disposition **Crisis residential**: percentage

COS participants discharge disposition **Community SUD services**: percentage

COS participants discharge disposition **Community Behavioral Health (BH) Services**: percentage

COS participants discharge disposition **Shelter**: percentage

COS participants discharge disposition **Other**: percentage

 Please specify “other” discharge disposition: please specify

10. COS population served by **Number of Readmissions within** 7,14, 30, and 90 days:

Number of COS participants readmitted within **7 days**:

Number of COS participants readmitted within **14 days**:

Number of COS participants readmitted within **30 days**:

Number of COS participants readmitted within **90 days**:

1. Has all minimal data set which includes the Emergency Service Module has been submitted in AKAIMS for all Crisis Observations & Stabilization (COS) participants served? select one

If no, please provide explanation:

## **Performance Measures**: Crisis Residential Stabilization (CSS) Services

1. CSS average length of stay in (in days) for all participants who have utilized services: number of days
2. CSS Occupancy Rate:

*(To calculate occupancy rate, use days of care and bed days available in this formula: Days of Care divided by Bed days available)*

1. CSS population served by **Referral Source:** *(total percentage)*

CSS **Self** Referrals: percentage

CSS **First Responded** Referrals: percentage

CSS **Mobile Crisis Team** Referrals: percentage

CSS **Emergency Room** Referrals: percentage

CSS **Community Behavioral Health Provider** Referrals: percentage

CSS **Community Substance Misuse Provider** Referrals: percentage

CSS **Shelter** Referrals: percentage

CSS **Family/Friend** Referrals: percentage

CSS **Other** Referrals: percentage

Please specify: description

1. CSS population served by **Voluntary and Involuntary status:** *(total percentage)*

**Voluntary** CSS participants: percentage

**Involuntary** CSS participants: percentage

**Not applicable** CSS participants: percentage

1. CSS population served by **Insurance type** per participant:*(total percentage)*

**Medicaid** CSS participants: percentage

**Private Insurance** CSS participants: percentage

**No Insurance** CSS participants: percentage

**Unknown Insurance** CSS participants: percentage

**Other** CSS participants: percentage

Please specify “other” CSS participants: please specify

1. CSS population served by **Discharge Disposition:** *(total percentage)*

CSS participants discharge disposition **Home/community - No follow up care**: percentage

CSS participants discharge disposition **Inpatient hospitalization**: percentage

CSS participants discharge disposition **Emergency Room**: percentage

CSS participants discharge disposition **Detox facility**: percentage

CSS participants discharge disposition **Crisis residential**: percentage

CSS participants discharge disposition **Community SUD services**: percentage

CSS participants discharge disposition **Community Behavioral Health (BH) Services**: percentage

CSS participants discharge disposition **Shelter**: percentage

CSS participants discharge disposition **Other**: percentage

 Please specify “other” discharge disposition: please specify

1. CSS population served by **Number of Readmissions within** 7,14, 30, and 90 days:

Number of CSS participants readmitted within **7 days**:

Number of CSS participants readmitted within **14 days**:

Number of CSS participants readmitted within **30 days**:

Number of CSS participants readmitted within **90 days**:

1. Has all minimal data set which includes the Emergency Service Module has been submitted in AKAIMS for all Crisis Residential Stabilization (CSS) participants served? select one

If no, please provide explanation:

1. Are there any current challenges your agency is dealing with that could impact the program’s sustainability through the fiscal year? Select one

If yes, describe the challenges.